Case 21-11067-CMG Doc 41 Filed 02/04/22 Entered 02/04/22 14:45:36 Desc Main Document Page 1 of 2

Fill	in this information	to identify your c	ase.										
	otor 1	Moshe Gern											
	otor 2 buse, if filing)						_						
Uni	ted States Bankrup	otcy Court for the	: DISTRICT OF NEW J	ERSEY			_						
Case number (If known)		21-11067						Check if this is:					
(If kr	nown)							An amende	d filing				
										wing postpetition e following date:			
0	fficial Form	<u> 1061</u>						MM / DD/ Y	YYY				
S	chedule I:	Your Inc	ome								12/15		
atta	ch a separate she	eet to this form.	r spouse is not filing wi On the top of any additi										
1.	information.	ioyinem		Debtor 1				Debtor 2	or nor	n-filing spouse			
	If you have more		Employment status	■ Employed			■ Emplo	■ Employed					
	attach a separate page with information about additional employers.			☐ Not employed				☐ Not er	☐ Not employed				
			Occupation	Taxi Driver				Coordin	Coordinator				
	Include part-time self-employed wo		Employer's name				Mayors Office						
	Occupation may or homemaker, if		Employer's address				NY						
			How long employed to	nere?	2 Weeks				4 year	's			
Par	t 2: Give De	etails About Mo	nthly Income										
	mate monthly incuse unless you are		ate you file this form. If y	ou have no	othing to repo	rt for	any l	ine, write \$0 in the	space.	Include your nor	n-filing		
	u or your non-filing e space, attach a s		ore than one employer, co	mbine the	information fo	r all e	emplo	oyers for that perso	n on the	e lines below. If y	you need		
								For Debtor 1		Debtor 2 or filing spouse			
2.			ry, and commissions (be calculate what the month)			2.	\$	0.00	\$	5,913.83			
3.	Estimate and lis	st monthly overt	ime pay.			3.	+\$	0.00	+\$	0.00			
4.	Calculate gross	Income. Add lin	ne 2 + line 3.			4.	\$	0.00	\$	5,913.83			

Debt	or 1	Moshe German	-	Case	number (if known)	21-110	067
				For	Debtor 1		Debtor 2 or Filing spouse
	Cop	by line 4 here	4.	\$	0.00	\$	5,913.83
5.	l ist	all payroll deductions:					
0.	5a.	Tax, Medicare, and Social Security deductions	50	\$	0.00	¢	050.45
	5a. 5b.	Mandatory contributions for retirement plans	5a. 5b.	* *	0.00	\$	950.45 0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$ -	0.00	\$ 	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$ -	0.00	\$—	0.00
	5e.	Insurance	5e.	\$ -	0.00	\$	0.00
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00
	5g.	Union dues	5g.	\$-	0.00	\$	0.00
	5h.	Other deductions. Specify: State Withholding	5h.+	· -		+ \$	286.93
	0	New York City Withholding		\$_	0.00	\$	200.76
		Management Welfare Fund	_	\$_	0.00	\$	103.87
		GHI CBP/BC F/OPT	_	\$_	0.00	\$	149.54
		CH 96 Pension-Basic 414H	_	\$	0.00	\$	109.42
		457 Tax Deferred Savings Plan	_	\$_	0.00	\$	116.09
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5q+5h.	_ 6.	\$	0.00	\$	1,917.06
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	3,996.77
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	Reall other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Tax Refund	8a. 8b. 8c. 8d. 8e.	\$_ \$_ \$_ \$_ \$_	1,306.00 0.00 0.00 0.00 441.00 0.00 0.00 467.25	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,214.25	\$	0.00
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,214.25 + \$	3,99	96.77 = \$ 6,211.02
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		•		chedule J. 11. +\$ 0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certain lies					12. \$ 6,211.02 Combined
13.	Do :	you expect an increase or decrease within the year after you file this form'	?				monthly income
		Yes. Explain: Debtor does not expect any change at this mome	ent.				